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ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **108**

Registrar's No. **96**

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 459 South East St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 24 years; In Arizona 24 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 459 South East St. (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Mary Elizabeth Sanders (b) Is veteran No (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband Albert G. Sanders 6. (c) Age of husband or wife, if alive 77 yrs.

7. Birthdate of deceased Dec. 13th 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 29 If less than one day
hrs. _____ min. _____

9. Birthplace Brown County, Texas
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

Father { 12. Name George Lewis
13. Birthplace Texas
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary McPeters
15. Birthplace Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Armon Sanders

(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe (c) Date 12/24/41

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) Dec. 23-1941
(Date received local Registrar)

(b) Irene Wanslee
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 12, 1941
TIME (Hour and minute) 8:00 P.M.

21. I hereby certify that I attended the deceased from December 7,
1941 to December 12, 1941;
that I last saw her alive on December 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Other Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

DURATION

3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury _____

23. Signature Adrian E. Clark M.D.
Address 207 E. Oak St. Date signed 12-23-1941
Globe, Arizona